

Chapter Applicant Number

\_\_\_\_\_



National Applicant Number

\_\_\_\_\_

# APPLICATION FOR THE NAOMI RABB WINSTON SCHOLARSHIP IN TWO-DIMENSIONAL ART

Sponsored by the National Society of Arts and Letters

Name \_\_\_\_\_  
(First) (Middle) (Last)

Address \_\_\_\_\_  
(Street) (City) (State & Zip)

Date of Birth \_\_\_\_\_ Sex \_\_\_\_\_ Telephone \_\_\_\_\_

E-mail \_\_\_\_\_

U.S. Citizen \_\_\_\_\_ If naturalized, date of citizenship \_\_\_\_\_  
(yes) (no)

Parent or Guardian \_\_\_\_\_

Address \_\_\_\_\_  
(Street) (City) (State & Zip)

Telephone \_\_\_\_\_ E-mail \_\_\_\_\_

### 1. Educational Background:

List Schools Attended (High School and beyond) Years Attended Degrees Earned

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. Are you currently receiving instruction in art other than at your academic school or college? \_\_\_no \_\_\_yes

a) Name of Instructor \_\_\_\_\_ Location \_\_\_\_\_

Address \_\_\_\_\_  
(Street) (City) (State & Zip)

Telephone \_\_\_\_\_ E-mail \_\_\_\_\_

b) Dates of study \_\_\_\_\_ Length of study \_\_\_\_\_

3. If you are in high school, what course of study would you like to follow after high school?  
(You may indicate more than one choice or answer undecided.)

\_\_\_\_\_

4. If you are attending college, what is your major? your minor?

\_\_\_\_\_

5. List awards and honors received in art:

Name of Award/s	Year/s received
_____	_____
_____	_____

6. State your career plans for the future and prove your serious commitment to your art:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

7. a) State the specific training you would like to pursue with scholarship funds (name of workshop, museum program, summer program, etc.).

b) Where or with whom is this training available? Please be specific.

c) What is the cost of this training?

(The following expenses are NOT covered by the Winston Scholarship Fund: housing or travel)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

ART INFORMATION

Title	Medium	Size	Date Made
Work #1 _____	_____	_____	_____
Work #2 _____	_____	_____	_____
Work #3 _____	_____	_____	_____
Work #4 _____	_____	_____	_____
Work #5 _____	_____	_____	_____

REQUIRED SIGNATURE OF APPLICANT

I certify that I have read the Scholarship requirements, and that the information submitted by me is true and correct.

Name \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

**Mail CD or flash drive featuring 5 art works, prints of the art works and completed application, including copy of birth certificate, to an NSAL Chapter by February 1, 2018. (See Chapter Contacts)**